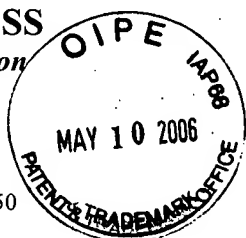


<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <b>Application</b> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/378,648
	<b>Filing Date</b>	August 20, 1999
	<b>First Named Inventor</b>	A.T. HINDS et al.
	<b>Art Unit</b>	2626
	<b>Examiner Name</b>	Michael L. Burleson
	<b>Attorney Docket Number</b>	BLD91999032US1



Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: **33595**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

I am the:

☐ Applicant/Inventor

☐ Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney or Agent of Record. Registration Number Registration No. 39,867.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	David W. Victor				
Signature					
Date	April 27, 2006			Telephone	(310) 553-7977

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 form is submitted.